# CLAIMS ONLY

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|---|---|---|
| Application Number | 10762114 | Filing Date |
| Applicant(s) | | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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| CLAIMS | * Indep | Depend | * Indep | Depend | * Indep | Depend |
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| Total Indep | 5 | | 5 | | | |
| Total Depend | 59 | | 59 | | | |
| Total Claims | 64 | | 64 | | | |